



60-8135

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/654,603
	Filing Date	September 1, 2000
	First Named Inventor	David Chazan
	Art Unit	1743
	Examiner Name	Dwayne Handy
Total Number of Pages in This Submission	Attorney Docket Number	100/08510

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ENCLOSURES (Check all that apply)		
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<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	PTO Form 1449, 1 reference
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<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Donald R. McKenna, Reg. No. 44,922
Signature	<i>Donald R. McKenna</i>
Date	11/18/03

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Signature	<i>Michelle Chan</i>	Date Nov. 18, 2003

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(Modified) PTO/SB/17 (10-03)

<b>FREE TRANSMITTAL</b> for FY 2004  <i>Patent fees are subject to annual revision</i>	<b>Complete if Known</b>		
	Application Number	<b>09/654,603</b>	
	Filing Date	<b>September 1, 2000</b>	
	First Named Inventor	<b>David Chazan</b>	
	Examiner Name	<b>Dwayn Handy</b>	
	Group/Art Unit	<b>1743</b>	
TOTAL AMOUNT OF PAYMENT	<b>\$180</b>	Attorney Docket No.	<b>100/08510</b>

<b>METHOD OF PAYMENT (check one)</b>		<b>FEE CALCULATION (continued)</b>			
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other		<b>3. ADDITIONAL FEES</b>			
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: <b>03-0177</b> Deposit Account Name: <b>Caliper Technologies Corp.</b>					
<b>The Commissioner is authorized to: (check all that apply)</b>					
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments					
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<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account					
<b>FEE CALCULATION</b>					
<b>1. BASIC FILING FEE</b>					
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					0
<b>2. EXTRA CLAIM FEES</b>					
Total claims		Extra claims	Fee from below	Fee Paid	
Independent Claims		-20** =	x		
Multiple Dependent Claims		-3** =			
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claims, if new	
1204	86	2204	43	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					0
**or number previously paid, if greater; For Reissues, see above					
				SUBTOTAL (3) \$180	
				*Reduced by Basic Filing Fee Paid	

<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Typed or Printed Name	<b>Donald R. McKenna</b>	Reg. Number	<b>44,922</b>
Signature		Deposit Account	<b>03-0177</b>
	Date	User ID	
	<b>11/18/03</b>		

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Typed or Printed Name	<b>Mich Ile Chan</b>
Signature	
Date	<b>November 18, 2003</b>